

Commonwealth of Kentucky  
STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

27939

PLACE OF DEATH  
County Mitchell  
Vol. 8  
Inc. Town  
City (No. St.) Ward

File No.  
Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

FULL NAME Harriet Short

7128

PERSONAL AND STATISTICAL PARTICULARS

SEX F COLOR OR RACE Black SINGLE, MARRIED, WIDOWED, OR DIVORCED Married  
(Write the word)

DATE OF BIRTH 1827  
(Month) (Day) (Year)

AGE 88 yrs. mos. ds. If LESS than 1 day... hrs. or... min.?

OCCUPATION  
(a) Trade, profession, or particular kind of work House wife  
(b) General nature of industry, business, or establishment in which employed (or employer)

BIRTHPLACE (state or country) T

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Liza Morgan  
(Address) Peuro, Ky.

15 Filed Nov. 1, 1916 M. E. Bewley  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

10 DATE OF DEATH 11 1 1917  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from 191, to 191,

that I last saw h... alive on... 191... and that death occurred, on the date stated above, at... m.

The CAUSE OF DEATH\* was as follows:  
Senility

(Duration) yrs. mos. ds.

Contributory (SECONDARY) (Duration) yrs. mos. ds.

(Signed) M. D. (Address) 191

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OR HOMICIDAL

(15) LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Tunnel Cem. DATE OF BURIAL Nov. 2, 1917

20 UNDERTAKER D. Rector ADDRESS Dunmore

WRITE PLAINLY WITH CARE. THIS IS A VITAL RECORD. ANY CHANGES SHOULD BE MADE AT THE TIME OF CORRECTION. ALL CHANGES SHOULD BE MADE IMMEDIATELY. ANY CHANGES MADE AT A LATER DATE WILL BE PROBABLY DISREGARDED. EXACT STATE OF DEATH IS VERY IMPORTANT. See back-address on back of certificate.